RAINBOW HOUSE FDD 3100 SOUTHBROOK CT

MANITOWOC	54220	Phone: (920) 684-4851	-	Ownership:	Individual
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	FDDs
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	15	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/04):	15	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/04:	15	Average Daily Census:	15

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04) %						
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	ફ	Age Groups	<b>%</b>	Less Than 1 Year   1 - 4 Years	0.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	86.7	1 - 4 lears   More Than 4 Years	86.7	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	6.7			
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	6.7		100.0	
Adult Day Care	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	0.0	65 & Over	13.3			
Transportation	No	Cerebrovascular	0.0			RNs	14.6	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	2.8	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	46.7	Aides, & Orderlies	53.6	
Mentally Ill	No			Female	53.3			
Provide Day Programming for			100.0	İ				
Developmentally Disabled	Yes				100.0			

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay	2		amily Care			anaged Care	d		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				15	100.0	156	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	15	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		15	100.0		0	0.0		0	0.0		0	0.0		0	0.0		15	100.0

County: Manitowoc Facility ID: 7500 Page 2
RAINBOW HOUSE FDD

********	*****	******	*****	*****	*****	******	******
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, a	and Activities as of 12	/31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	6.7		66.7	26.7	15
Other Nursing Homes	0.0	Dressing	26.7		66.7	6.7	15
Acute Care Hospitals	0.0	Transferring	86.7		6.7	6.7	15
Psych. HospMR/DD Facilities	0.0	Toilet Use	53.3		26.7	20.0	15
Rehabilitation Hospitals	0.0	Eating	26.7		66.7	6.7	15
Other Locations	0.0	*******	******	*****	******	******	******
Total Number of Admissions	0	Continence		8	Special Treatme	ents	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving Res	spiratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	46.7	Receiving Tra	acheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	33.3	Receiving Suc	ctioning	0.0
Other Nursing Homes	0.0				Receiving Ost	comy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tub	oe Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Med	chanically Altered Diet:	s 20.0
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident	Characteristics	
Deaths	0.0	With Pressure Sores		0.0	Have Advance	Directives	13.3
Total Number of Discharges		With Rashes		13.3	Medications		
(Including Deaths)	0				Receiving Psy	choactive Drugs	53.3

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This	I	FDD	All		
	Facility		cilities	Fac	ilties	
	%	8	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	93.1	1.07	88.8	1.13	
Current Residents from In-County	93.3	35.3	2.64	77.4	1.21	
Admissions from In-County, Still Residing	0.0	11.4	0.00	19.4	0.00	
Admissions/Average Daily Census	0.0	20.4	0.00	146.5	0.00	
Discharges/Average Daily Census	0.0	28.3	0.00	148.0	0.00	
Discharges To Private Residence/Average Daily Census	0.0	12.1	0.00	66.9	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00	
Residents Aged 65 and Older	13.3	16.0	0.83	87.9	0.15	
Title 19 (Medicaid) Funded Residents	100.0	99.1	1.01	66.1	1.51	
Private Pay Funded Residents	0.0	0.5	0.00	20.6	0.00	
Developmentally Disabled Residents	100.0	99.2	1.01	6.0	16.57	
Mentally Ill Residents	0.0	0.4	0.00	33.6	0.00	
General Medical Service Residents	0.0	0.4	0.00	21.1	0.00	
Impaired ADL (Mean)*	37.3	55.0	0.68	49.4	0.76	
Psychological Problems	53.3	48.1	1.11	57.7	0.92	
Nursing Care Required (Mean)*	4.2	10.7	0.39	7.4	0.56	